

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09/937995</div>	FILING DATE
APPLICANT(S)		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		1		1		
6		1		1		
7		①		1		
8	1		1			
9		1		1		
10		1		1		
11		3		1		
12		①		1		
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TOTAL IND.	↓		2	↓		↓
TOTAL DEP.		↓	10	↓		↓
TOTAL CLAIMS			12			

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100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY